

STATE OF HAWAII — DEPARTMENT OF TAXATION
Individual Income Tax Return
RESIDENT FILING FEDERAL RETURN
Calendar Year 1996

1996

DO NOT WRITE OR STAPLE IN THIS SPACE

**USE THIS FORM ONLY IF YOU ARE FILING A
FEDERAL TAX RETURN FOR 1996.**

		AMD	UNP	008	PNT	INT	
USE STATE LABEL OTHERWISE PRINT OR TYPE	Name (If joint return, give first names and initials of both)	Last Name		Your social security number			
	C/O			Spouse's social security number			
	Present mailing or home address (Number and street, including apartment number or rural route)			Your occupation			
	City, town or post office, State and ZIP code			Spouse's occupation			
FILING STATUS (Check only ONE box)	1 <input type="checkbox"/> Single						
	2 <input type="checkbox"/> Married filing joint return (even if only one had income).						
	3 <input type="checkbox"/> Married filing separate return. Enter spouse's social security no. above and full name here. •						
	4 <input type="checkbox"/> Head of household (with qualifying person). If the qualifying person is your child but not your dependent, enter this child's name here. ➤						
	5 <input type="checkbox"/> Qualifying widow(er) with dependent child (Year spouse died 19•).						
EXEMPTIONS	CAUTION: If you can be claimed as a dependent on another person's tax return (such as your parents'), DO NOT check box 6a, but be sure to check the box above line 20.						
	6a <input type="checkbox"/> Yourself	<input type="checkbox"/> Age 65 or over	} Enter the number of boxes checked on 6a and 6b				
	6b <input type="checkbox"/> Spouse	<input type="checkbox"/> Age 65 or over					
	6c Enter the number of your dependent children listed on federal return						6c
	6d Enter the number of other dependents listed on federal return						6d
	6e Total number of exemptions claimed. Add numbers entered in boxes above						6e
COMPUTATION OF HAWAII ADJUSTED GROSS INCOME	ROUND TO THE NEAREST DOLLAR						
	7	Federal adjusted gross income (AGI) from Form 1040, 1040A, or 1040EZ	7•				00
	8	If state wages on Form W-2 is larger than federal wages (e.g., COLA, ERS), see page 9 of the Instructions	8				00
	9	Interest on out-of-state bonds (including municipal bonds)	9				00
	10	Other Hawaii additions to federal AGI (see page 9 of the Instructions)	10				00
	11	Add lines 8 through 10	11•				00
	12	Add lines 7 and 11	12				00
	13	Pensions taxed federally but not taxed by Hawaii	13				00
	14	Social security benefits taxed on federal return	14				00
	15	First \$1,750 of military reserve or Hawaii national guard duty pay	15•				00
DEDUCTIONS AND COMPUTATION OF TAXABLE INCOME	16	Payments to an individual housing account	16•				00
	17	Other Hawaii subtractions from federal AGI (see page 11 of the Instructions)	17				00
	18	Add lines 13 through 17	18•				00
	19	Line 12 minus line 18	19•				00
	CAUTION: If you can be claimed as a dependent on another person's return, check here <input type="checkbox"/> • and see the Instructions on page 16.						
	20	If you do not itemize your deductions, go to line 21 below. Otherwise go to page 12 of the Instructions and enter your itemized deductions here.					
	20a	Medical and dental expenses (from Worksheet A-1)	20a•				00
	20b	Taxes (from Worksheet A-2)	20b•				00
	20c	Interest expense (from Worksheet A-3)	20c•				00
	20d	Contributions (from Worksheet A-4)	20d•				00
20e	Casualty and theft losses (from Worksheet A-5)	20e•				00	
20f	Miscellaneous deductions (from Worksheet A-6)	20f•				00	
21	Enter the larger of: Itemized Deductions — If line 19 is more than \$100,000 (\$50,000 for married filing separately), see the worksheet on page 22 of the Instructions. If not, add lines 20a through 20f. OR Standard Deduction shown below for your filing status. Single — \$1,500 Head of household — \$1,650 Married filing jointly or Qualifying widow(er) — \$1,900 Married filing separately — \$950					21•	00
22	Line 19 minus line 21. (This line MUST be filled in)	22•				00	
23	Multiply \$1,040 by the total number of exemptions claimed on line 6e. If you and/or your spouse are blind, deaf, or disabled, check applicable box(es) • <input type="checkbox"/> Yourself • <input type="checkbox"/> Spouse, and see page 16 of the Instructions.	23•				00	
24	Taxable Income. Line 22 minus line 23 (but not less than zero)	24•				00	

• ATTACH CHECK OR MONEY ORDER HERE • ATTACH COPY 2 OF FORM W-2 HERE •

TAX COMPUTATION	25	Amount from line 24 (Taxable Income).....	25		00
	26	Tax. Check if from <input type="checkbox"/> Tax Table; <input type="checkbox"/> Tax Rate Schedule I, II, or III; <input type="checkbox"/> Form N-615; or <input type="checkbox"/> Capital Gains Tax Worksheet on page 22 of the Instructions. Net capital gains eligible for alternative tax • _____ (• <input type="checkbox"/> Include separate tax from Forms N-2, N-103, N-152, N-312, N-405, N-586, or N-814) Tax ➤	26•		00
NONREFUNDABLE CREDITS	27	Income tax paid to another state or to a foreign country (from Worksheet on page 22 of the Instructions)	27		00
	28•	Energy Conservation Tax Credit (attach Form N-157).....	28•		00
	29•	Enterprise Zone Tax Credit (attach Form N-756).....	29•		00
	30	Low-Income Housing Tax Credit (attach Form N-586)	30		00
	31•	Credit for Employment of Vocational Rehabilitation Referrals (attach Form N-884)	31•		00
	32	Add lines 27 through 31 Total Non-Refundable Credits ➤	32•		00
33	Line 26 minus line 32 (but not less than zero) Balance ➤	33		00	
TAX PAYMENTS AND REFUNDABLE CREDITS	34•	Hawaii State Income tax withheld and tax withheld on IHA distribution.....	34•		00
	35•	1996 estimated tax payments	35•		00
	36•	Amount of estimated tax applied from 1995 return	36•		00
	37•	Amount paid with extension(s)	37•		00
	38•	Food Tax Credit (attach Schedule X) DHS, etc. exemptions • _____	38•		00
	39•	Credit for Low-Income Household Renters (attach Schedule X)	39•		00
	40•	Credit for Child and Dependent Care Expenses (attach Schedule X)	40•		00
	41•	Medical Services Excise Tax Credit (attach Schedule X)	41•		00
	42•	Credit for Child Passenger Restraint System(s) (attach a copy of the invoice)	42•		00
	43•	Capital Goods Excise Tax Credit (attach Form N-312).....	43•		00
	44•	Fuel Tax Credit for Commercial Fishers (attach Form N-163).....	44•		00
45•	Other credits (attach list and see page 19 of Instructions).....	45•		00	
46	Add lines 34 through 45 Total Payments and Credits ➤	46•		00	
REFUND OR AMOUNT YOU OWE	47•	If line 46 is larger than line 33, enter the amount OVERPAID (line 46 minus line 33)	47•		00
	48•	Amount of line 47 to be REFUNDED TO YOU Refund ➤	48•		00
	49•	Amount of line 47 to be applied to your 1997 ESTIMATED TAX	49•		00
	50	If line 33 is larger than line 46, enter the AMOUNT YOU OWE (line 33 minus line 46). Attach check or money order for full amount payable to "Hawaii State Tax Collector." Write your social security number and "1996 Form N-11" on it. If you are filing your return late, see page 20 of the Instructions Balance Due ➤	50•		00
51•	Estimated tax penalty. (See page 20 of Instructions.) Also include on line 47 or 50, whichever applies.	51•		00	
↩	52	If you don't need Hawaii income tax forms mailed to you next year because a tax preparer will prepare your return, check here to receive a preprinted label only. • <input type="checkbox"/>			
TAXPAYER QUESTIONNAIRE	53	Did you file a federal Schedule C? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter gross receipts _____, your Hawaii General Excise/Use Tax I.D. Number for this activity _____, and main business activity/product: _____ / _____			
	54	Did you file a federal Schedule E? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter gross rents received _____ and your Hawaii General Excise/Use Tax I.D. Number for this activity _____			
	55	Did you file a federal Schedule F? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter gross receipts _____, your Hawaii General Excise/Use Tax I.D. Number for this activity _____, and main business activity/product: _____ / _____			

**HAWAII ELECTION
CAMPAIGN FUND**

Do you want \$2 to go to the Hawaii Election Campaign Fund?

Yes

No

If joint return, does your spouse want \$2 to go to the fund?

Yes

No

Note: Checking "Yes" will not increase your tax or reduce your refund.

DECLARATION

I declare, under the penalties set forth in section 231-36, HRS, that this return (including accompanying schedules or statements) has been examined by me and, to the best of my knowledge and belief, is a true, correct, and complete return, made in good faith, for the taxable year stated, pursuant to the Hawaii Income Tax Law, Chapter 235, HRS.

PLEASE SIGN HERE	➤ _____ Your signature Date		➤ _____ Spouse's signature (if filing jointly, BOTH must sign) Date	
	Paid Preparer's Information	Preparer's Signature and date ➤ _____	Preparer's social security number _____	Check if self-employed ➤ <input type="checkbox"/>
		Firm's name (or yours if self-employed) and address ➤ _____	Federal E.I. No. ➤ _____	
			ZIP Code ➤ _____	